

TROY UNIVERSITY

Request for Payment Independent Contractor/Consultant

Instructions:

1. Please provide the following information (typed or printed)
2. Please return the completed form to Accounts Payable, Adams Administration 314.
3. This form should be accompanied by a signed Independent Contractor/Consultant agreement, a completed W-9 Form, and the original Authorization to Provide Services form.
4. If you have questions, please contact the Accounts Payable office at 334-670-3119.

Consultant / Independent Contractor Name:

SSN/EIN/TIN:

**Consultant / Independent Contractor
Mailing Address
City, State Zip**

Campus:

Amount of Payment Requested
(must not exceed Consultant / Independent Contractor payment terms)

Date to be Paid
(must be after services are rendered)

Account Number to be Charged:
Consultant (62208), Independent Contractor (62249)

I hereby certify that the work for which payment is being sought has been performed in a satisfactory manner.

Department head/Originator signature:

Hold Check for Department Pick Up
 Mail check to Payee